Section 3

Prevention Program Planning

Participants learn about and make presentations about the components of building a successful prevention program.

approximate time:
3 hours, 45 minutes

Learning Objective

Participants will be able to:

- describe the seven steps to building a successful prevention program

Materials and Preparation

Be ready to use the following information and work sheets:

- Seven Steps to Building a Successful Prevention Program
- School-, Family- and Community-Based Prevention Strategies
- U, S or I?
- Assignments

INFORMATION SHEET

Seven Steps to Building a Successful Prevention Program

1. INCREASE THE READINESS OF THE COMMUNITY.

The first step in planning a prevention program is assessing a community's readiness for prevention. NIDA's *Community Readiness for Drug Abuse Prevention: Issues, Tips and Tools* says that "Community readiness is the extent to which a community is adequately prepared to implement a drug abuse prevention program. A community must have the support and commitment of its members and the needed resources to implement an effective prevention effort. Because community readiness is a process, factors associated with it can be objectively assessed and systematically enhanced."

Oetting and colleagues (Oetting et al. 1995) have found that as communities achieve successively higher stages, they realize greater improvement in their degree of readiness. Therefore, to increase a community's readiness for prevention programming and thereby improve the likelihood that a prevention effort will succeed, it is important to give careful consideration to these nine stages of community readiness development during the process of conducting an objective assessment of community readiness.

Consider the following stages of community readiness, each followed by strategies to assist in increasing readiness:

Stage 1: Community Tolerance/No Knowledge

Community norms actively tolerate or encourage the problem behavior, although the behavior may be expected of one group and not another (e.g. by sex, race, social class or age). The behavior, when occurring in the appropriate social context, is viewed as acceptable or as part of the community norm. Those who don't engage in the behavior may be tolerated, but might be viewed as somewhat deviant.

STRATEGIES:

- small-group and one-on-one discussions with community leaders to identify perceived benefits of substance abuse and how norms reinforce use
- small-group and one-on-one discussions with community leaders on the health, psychological and social costs of substance abuse to change perceptions with those most likely to be part of the group that begins development of programs

Stage 2: Denial

The problem behavior is usually recognized as such. Community norms don't approve of the behavior, but there is little or no recognition that this might be a local problem. If there *is* some

idea that it's a problem, there's a feeling that nothing needs to be done about this locally, or that nothing *can* be done about it.

STRATEGIES:

- educational outreach programs to community leaders and community groups interested in sponsoring local programs focusing on the health, psychological and social costs of substance abuse
- use of local incidents in one-on-one discussions and educational outreach programs that illustrate harmful consequences of substance abuse

Stage 3: Vague Awareness

There is a general belief that there is a local problem and that something ought to be done about it. Knowledge about local problems tends to be stereotypical and vague, or linked only to a specific incident or two. There is no immediate motivation to do anything. No identifiable leadership exists, or leadership lacks energy or motivation.

STRATEGIES:

- educational outreach programs on national and state prevalence rates of substance abuse and prevalence rates in communities with similar characteristics, including use of local incidents that illustrate harmful consequences of substance abuse
- local media campaigns that emphasize consequences of substance abuse

Stage 4: Preplanning

There is clear recognition that a local problem exists and that something should be done about it. There is general information about local problems, but ideas about etiology or risk factors tend to be stereotyped. There are identifiable leaders, and there may be a committee, but no real planning.

STRATEGIES:

- educational outreach programs to community leaders and sponsorship groups that include prevalence rates and correlates or causes of substance abuse
- educational outreach programs that introduce the concept of prevention and illustrate specific prevention programs adopted by communities with similar profiles.
- local media campaigns emphasizing the consequences of substance abuse and ways of reducing demand for illicit substances through prevention programming

Stage 5: Preparation

Planning is going on and focuses on practical details. There is general information about local problems and about the pros and cons of prevention programs, but it may not be based on formally collected data. Leadership is active and energetic.

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The program may have started on a trial basis. Funding is being actively sought or has been committed.

STRATEGIES:

- educational outreach programs open to the general public on specific types of prevention programs, their goals and how they can be implemented
- educational outreach programs for community leaders and local sponsorship groups on prevention program, goals, staff requirements and other startup aspects of programming
- a local media campaign describing the benefits of prevention programs for reducing consequences of substance abuse

Stage 6: Initiation

Enough information is available to justify a prevention program, but knowledge of risk factors is likely to be stereotyped. A program has been started and is running, but it is still on trial. Staff are in training or just finished with training. There may be great enthusiasm because limitations and problems have not yet been experienced.

STRATEGIES:

- in-service educational training for program staff (paid and volunteer) on the consequences, correlates and causes of substance abuse and the nature of the problem in the local community
- publicity efforts associated with the kickoff of the program
- a special meeting with community leaders and local sponsorship groups to provide an update and review of initial program activities

Stage 7: Institutionalization/Stabilization

One or two programs are running, supported by administration and accepted as a routine and valuable activity. Staff are trained and experienced. There is little perceived need for change or expansion. Limitations may be known, but there is not much sense that the limitations suggest a need for change. There may be some form of routine tracking of prevalence. There is not necessarily permanent funding, but there is established funding that allows the program the opportunity to implement its action plan.

STRATEGIES:

- in-service educational programs on the evaluation process, new trends in substance abuse and new initiatives in prevention programming, with trainers either brought in from the outside or staff sent to programs sponsored by professional societies
- periodic review meetings and special recognition events for local supporters of the prevention program
- local publicity efforts associated with review meetings and recognition events

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Stage 8: Confirmation/Expansion

Standard programs are viewed as valuable and authorities support expanding or improving programs. New programs are being planned or tried out in order to reach more people, those thought to be more at risk or different demographic groups. Funds for new programs are being sought or committed. Data are obtained regularly on the extent of local problems, and efforts are made to assess risk factors and causes of the problem.

STRATEGIES:

- in-service educational programs on conducting local needs assessments to target specific groups in the community for prevention programming, with trainers either brought in from the outside or staff sent to programs sponsored by professional societies
- periodic review meetings and special recognition events for local supporters of the prevention program
- results of research and evaluation activities of the prevention program presented to the public through local media and public meetings

Stage 9: Professionalization

Detailed and sophisticated knowledge of the prevalence, risk factors and etiology exists. Some programs may be aimed at general populations, while others are targeted at specific risk factors or at-risk groups. Highly trained staff are running programs, authorities are supportive and community involvement is high. Effective evaluation is used
to test and modify programs.

STRATEGIES:

- continued in-service training of staff
- continued assessment of new drug-related problems and reassessment of targeted groups within community
- continued evaluation of program effort
- continued update on program activities and results for the benefit of community leaders and local sponsorship groups, and periodic stories through local media and public meetings

For a tool to assess community readiness, please refer to the following web site:
http://www.open.org/westcapt/crsurvey.html

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2. ASSESS THE LEVELS OF RISK FACTORS AND PROTECTIVE FACTORS IN THE COMMUNITY.

After assessing and improving community readiness for prevention, it is important to complete a community assessment. A community assessment is a systematic process for examining the current conditions of a situation (such as substance abuse) and for identifying the level of risk and protection in your community.

A community assessment can help do the following:

- create an objective profile of the community
- determine the geographic and demographic areas that are at greatest risk
- indicate where time and money should be put to have the greatest impact
- show policy makers the need for funding the prevention program
- identify research-based strategies to implement in the community

Data collection is the first phase of conducting a community assessment. Two kinds of data can be collected:

- Archival data, or data that already exists
- Survey data, or data that you create

In order to collect data:

- Identify what data is currently available for each risk and protective factor, beginning with the list of archival indicators.
- Determine which factors need additional data.
- Develop a plan to collect the additional data that is needed.
- Collect the additional data.

> For sources of archival data, please refer to the following web site:
> http://www.open.org/westcapt/naarchiv.htm

In order to analyze data:

Once you have collected indicator data, it is time to analyze the data. Your data analysis will assist you in identifying which risk and protective factors need to be prioritized in your community action plan, as well as provide justification for grant applications, support existing policies and programs and assist you in selecting new prevention programs to implement.

> For "questions to ask of your data," please refer to the following web site:
> http://www.open.org/westcapt/naanalyz.htm

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3. TRANSLATE DATA INTO PRIORITIES.

Once you've completed the collection and analysis of the data collected for your community assessment, it's time to prioritize which risk and protective factors need to be addressed in your community. The following questions will assist you in identifying your priorities (adapted with permission from Developmental Research and Programs' "Communities That Care©" Risk Assessment, all rights reserved):

- Looking across the data you've collected, are there risk factors or protective factors for which you have no data? If so, identify these factors, determine if and where the appropriate data can be collected and add this information to your data analysis to strengthen your overall assessment. Remember, the assessment is the foundation for your prevention action plan. The more thorough you are in completing this step, the more effective and accurate you'll be in designing solutions.

- Which risks are most prevalent in your community? Which protective factors are most lacking? Base this judgment on trends, comparisons with similar data (from national, state or other communities), comparisons across factors and your interpretation of the data and possible explanations.

- At what developmental periods are children most at risk in your community?

- Is there an identifiable "cluster" of risk factors that, addressed together, could provide a synergistic response?

- Which two to five risk factors, identified as most prevalent in your community, do you think your community should tackle first? Which protective factor should you tackle first?

4. EXAMINE THE RESOURCES IN THE COMMUNITY THAT ARE REDUCING RISK FACTORS AND INCREASING PROTECTIVE FACTORS.

Once priority risk and protective factors have been identified for the community, it is important to assess which community resources are already in place.

A resource assessment answers the question, "What's going on in my community?" Resources are anything that can be used to reduce the likelihood that individuals or communities will begin or continue to abuse alcohol, tobacco and other drugs. A resource assessment can help do the following:

- identify gaps where new services should be implemented
- avoid duplication in services
- build collaboration among service providers
- modify existing programs to meet prevention needs

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- identify existing resources to sponsor new programs
- indicate where time and money should be put to have the greatest impact
- create a comprehensive prevention strategy for the community
- significantly affect the prioritized risk and protective factors previously identified

To conduct a resource assessment, complete the following:

a. Collect information on existing resources in your community which may be addressing the priority risk and protective factors that you identified through your community assessment.
   - Determine what type of resources will be reviewed in the assessment.
   - Will you include only substance abuse prevention programs or generic prevention programs?
   - Will you include both direct and indirect services?
   - Will you include both formal and informal programs?
   - Will you include only publicly-funded programs?
   - Will you include state, county and local programs or only local programs?
   - Determine how you will assess the potential resources (e.g. survey, key leader interviews, review of materials).
   - Determine how resources will be identified and information collected.
   - Collect the data.

b. Analyze the resources to determine how effectively they are impacting your priority risk and protective factors.

c. Determine where the gaps in services are in your community.
   - Are the risk and protective factors that you identified as priorities through your community assessment being adequately addressed by existing programs and services?
   - If not, can existing programs and services be changed and/or modified to enhance their effectiveness? If so, how?
   - Do additional programs and/or services need to be selected and implemented to fill in gaps identified through the resource assessment? If yes, continue to Step 5 and Step 6.

For more information on resource assessments, please refer to the following web site: http://www.open.org/westcapt/resource.htm

5. TARGET EFFORTS.

Since you know in which area you want to place your time and funding (your priority risk and protective factors) and you know which gaps you need to fill (from your resource assessment), you can now identify what type of target population you need to address: universal, selective or indicated.

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(The following is from NIDA's "Drug Abuse Prevention: What Works," 1997.)

UNIVERSAL

Universal prevention strategies address the entire population (national, local community, school, neighborhood), with messages and programs aimed at preventing or delaying the abuse of alcohol, tobacco and other drugs. For example, it would include the general population and subgroups such as pregnant women, children, adolescents and the elderly. The mission of universal prevention is to deter the onset of substance abuse by providing all individuals the information and skills necessary to prevent the problem. All members of the population share the same general risk for substance abuse, although the risk may vary greatly among individuals. Universal prevention programs are delivered to large groups without any prior screening for substance abuse risk. The entire population is assessed as at-risk for substance abuse and capable of benefiting from prevention programs.

SELECTIVE

Selective prevention strategies target subsets of the total population that are deemed to be at risk for substance abuse by virtue of their membership in a particular population segment—for example, children of adult alcoholics, dropouts, or students who are failing academically. Risk groups may be identified on the basis of biological, psychological, social, or environmental risk factors known to be associated with substance abuse (IOM 1994) and targeted subgroups may be defined by age, gender, family history, place of residence such as high drug-use or low-income neighborhoods and victimization by physical and/or sexual abuse. Selective prevention targets the entire subgroup regardless of the degree of risk of any individual within the group. One individual in the subgroup may not be at personal risk for substance abuse, while another person in the same subgroup may be abusing substances. The selective prevention program is presented to the entire subgroup because the subgroup as a whole is at higher risk for substance abuse than the general population. An individual's personal risk is not specifically assessed or identified and is based solely on a presumption given his or her membership in the at-risk subgroup.

INDICATED

Indicated prevention strategies are designed to prevent the onset of substance abuse in individuals who do not meet DSM-IV criteria for addiction, but who are showing early danger signs, such as falling grades and consumption of alcohol and other gateway drugs. The mission of indicated prevention is to identify individuals who are exhibiting early signs of substance abuse and other problem behaviors associated with substance abuse and to target them with special programs. The individuals are exhibiting substance abuse-like behavior, but at a subclinical level (IOM 1994).

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To determine what type of population your program/strategies should reach, answer the following questions:

- Can your priority risk factors, protective factors and resource gaps be addressed at the universal level? Or would they be better addressed with selective or indicated populations? For example, if your priority risk factor is family management problems but you know through your resource assessment that several local programs already offer parenting classes aimed at the general population, then you may want to look at implementing a parenting program for selective or indicated populations.

- Do you need a program or strategy that affects the broader community (e.g. a city), not a particular segment of that community? If so, you may want to implement a universal program or strategy.

- Do you need to implement a program or strategy with greater intensity and duration for a specific population with identified risks? If so, you may want to choose a selective or indicated program or strategy to implement.

- If you are looking at implementing a selective or indicated program or strategy, do you have adequate funding? (Many selective and indicated programs and strategies require more funds than do universal programs and strategies.)

6. USE "BEST PRACTICES" AND "GUIDING PRINCIPLES."

After using steps 2 – 5 to identify the target population, prevention planners must identify appropriate programs/strategies to implement. It is important to use best practices or, at a minimum, promising practices, in order to ensure the greatest impact.

If a community already has a prevention program or strategy in place, "guiding principles" can be used to gauge the program's potential effectiveness. Guiding principles are recommendations on how to create effective prevention programs. They can also be used to design an innovative program or strategy when none of the best practices are appropriate to the community's needs.

The following principles from *NIDA's Preventing Drug Use Among Children and Adolescents: A Research-Based Guide* can be applied to either existing programs to assess their potential effectiveness or used when designing innovative programs/strategies.

- Prevention programs should be designed to enhance protective factors and move toward reversing or reducing known risk factors.
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana and inhalants.

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- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use and increase social competency (e.g. in communications, peer relationships, self-efficacy and assertiveness), in conjunction with reinforcement of attitudes against drug use.

- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.

- Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning—such as facts about drugs and their harmful effects—and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.

- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.

- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.

- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco or other drugs, are more effective when they are accompanied by school and family interventions.

- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school and the community.

- Schools offer opportunities to reach all populations and also serve as important settings for specific sub-populations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.

- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.

- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

- Prevention programs should be age-specific, developmentally appropriate and culturally sensitive.

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- Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save four to five dollars in costs for drug abuse treatment and counseling.

If your community opts to select a new program/strategy to implement, it is important to review new strategies/programs to ensure evidence of their effectiveness. To review selected program/strategies which have been shown through research to be effective, refer to the following website:

> For more information on best practices, please refer to the following web site:
> http://www.open.org/westcapt/bestprac.htm

Remember, no single best practice will be successful at preventing substance abuse in a community. To be as comprehensive as possible, best practices addressing prevention strategies (CSAP strategies) in all areas of a community (family, school, individual, peer, society) should be implemented.

7. EVALUATE.

Evaluation is the systematic effort to collect and use program information for multiple purposes. Evaluation needs to be an integral part of every prevention program and strategy. It is necessary to determine if the prevention efforts being implemented are accomplishing the goals set by the program.

There are many different ways to conduct evaluations and professional evaluators tend to agree that there is no "one best way" to do any evaluation. Instead, good evaluation requires carefully thinking through the questions that need to be answered, the type of program being evaluated and the ways in which the information generated will be used. Good evaluation should provide useful information about program functioning that can contribute to program improvement.

Typically, agencies don't have large amounts of money available for evaluation. In these cases, the cost to the agency is in staff time; if an evaluation is to be done well, it will require staff time. Staff assigned to work on an evaluation should accordingly be given a reduction in their regular workload. Evaluations that are simply "added on" to an already full workload are likely to fail.

> For more information on evaluation, please refer to the following web site:
> http://www.open.org/westcapt/evaluate.htm

Note: Evaluation is covered in depth in Section 8.

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School-, Family- and Community-Based Prevention Strategies

SITE OF INTERVENTION	UNIVERSAL	SELECTIVE	INDICATED
School	Information and education: • media campaigns • health education curricula • school assemblies Competency skills training: • social influence • normative education • social skills training School management classes: • school policies • instructional changes	Alternative programs: • skills training • after-school classes • mentoring • special clubs Competency skills training: • cultural pride • tutoring Peer leadership Parent-peer groups	Alternative programs: • mentoring Peer leadership and resistance Parent-peer groups Peer counseling: • student crisis hot line In-school suspension Alternative classes and schools
Family	Parent education: • groups • lectures • curricula Parent involvement programs Parenting skills training	Parenting skills training Family skills training Family case management Parent support groups	Family skills training Parent-peer groups for troubled youth Parent self-help groups Family therapy
Community	Public awareness campaigns Information clearinghouses Community coalitions Health policy changes	Alternative programs: • youth clubs • mentoring Tutoring	Alternative programs: • rites of passage programs • gang and delinquency prevention Skills training: • job apprenticeships

(National Institute on Drug Abuse, 1997)

WORK SHEET

U, S or I?

Assign the appropriate IOM classification—Universal, Selective or Indicated—to each of the examples:

	UNIVERSAL	SELECTIVE	INDICATED
1. Student assistance groups for children whose lives are affected by a drug user, where anyone may attend			
2. Red-ribbon campaigns			
3. After-school programs for children in public subsidized housing communities			
4. Peer- and media-resistance campaigns delivered through schools			
5. Strengthening-families programs implemented through community congregations			
6. Personal growth curriculum for young people already involved in destructive behaviors			
7. Clean and sober after-prom parties			
8. Student assistance groups for young people identified as being involved with drug use			
9. Drug education and counseling programs for prisoners			
10. Life-skills training in school			

(National Institute on Drug Abuse, 1997)

WORK SHEET

Assignments

- **Read the entire information sheet, *Seven Steps to Building a Successful Prevention Program*.**
- **Then follow the instructions appropriate to your group and prepare a five-to-ten-minute presentation based on your responses.**
- **Involve everyone in your group in some meaningful way.**
- **Be prepared to entertain questions from the rest of the participants.**

Group 1

1. Focus on Step 1, "Increase the readiness of the community."
2. Why is this an important step?
3. Describe Step 1, giving examples of each stage and of the strategies used in those stages to increase readiness.

Group 2

1. Focus on Step 2, "Assess the levels of risk factors and protective factors in the community" and Step 3, "Translate data into priorities."
2. Why is this an important step?
3. Give examples of each point made in this section.

Group 3

1. Focus on Step 4, "Examine the resources in the community that are reducing risk factors and increasing protective factors" and Step 5, "Target efforts."
2. Why is this an important step?
3. Give examples of each point made in this section.

Group 4

1. Focus on Step 6, "Use 'best practices' and 'guiding principles.'"
2. Why is this an important step?
3. Why use research-based information to select the program/strategy to implement in your community? Why use research-based "guiding principles"?